

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	12 H632	12/7 2/16/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/1/02
2	✓	✓	5/1/03
3	✓	✓	5/1/03
4	✓	✓	5/1/03
5	✓	✓	5/1/03
6	✓	✓	5/1/03
7	✓	✓	5/1/03
8	✓	✓	5/1/03
9	✓	✓	5/1/03
10	✓	✓	5/1/03
11	✓	✓	5/1/03
12	✓	✓	5/1/03
13	✓	✓	5/1/03
14	✓	✓	5/1/03
15	✓	✓	5/1/03
16	✓	✓	5/1/03
17	✓	✓	5/1/03
18	✓	✓	5/1/03
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31	✓	✓	5/1/03
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33	✓	✓	5/1/03
34	✓	✓	5/1/03
35	✓	✓	5/1/03
36	✓	✓	5/1/03
37	✓	✓	5/1/03
38	✓	✓	5/1/03
39	✓	✓	5/1/03
40	✓	✓	5/1/03
41	✓	✓	5/1/03
42	✓	✓	5/1/03
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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